

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 3/31/05

2 Serial/Patent # 10/516333

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other <u>Declaration</u>			\$ <u>130</u>
		7 TOTAL AMOUNT OF REFUND	\$ <u>130</u>	
		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> REASON:		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/> Duplicate Payment		9 <input type="checkbox"/> -- <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 		
10 No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Instructor Examiner</u>		
SIGNATURE: <u>Rita White</u>		PHONE: <u>70308-9140 ext 23</u>		
OFFICE: <u>DO/EO</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B